



PATENT
2024730-7012833001
(PC10247C)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Jonathan S. Stinson

Serial No.: 09/852,541

Filed: May 10, 2001

For: NEUROANEURYSM OCCLUSION
AND DELIVERY DEVICE AND METHOD
OF USING SAME

Group Art Unit: 3738

Examiner: Cheryl L. Miller

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AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

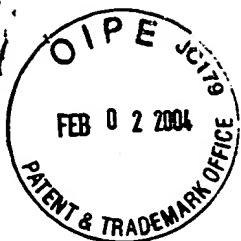
In response to the Office Action, dated October 3, 2003, please amend the application as follows:

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Date of Deposit

Jocelyn L. Lee
Jocelyn L. Lee



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Handwritten marks: #12, 03, and a signature.

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RESPONSE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

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1. Documents enclosed:

Transmitted herewith in response to Office Action, mailed October 03, 2003, for the above-identified application, are the following:

- ☒ Amendment and Response (9 pages)
- ☒ Return Postcard.

2. Request for EXTENSION of Time:

The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

02/06/2004 DEMHANI1 00000020 502518 09852541

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- ☒ Applicant(s) petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

	EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/>	one month	\$55.00	\$110.00
<input type="checkbox"/>	two months	\$200.00	\$400.00
<input type="checkbox"/>	three months	\$460.00	\$920.00
<input type="checkbox"/>	four months	\$720.00	\$1,440.00
<input type="checkbox"/>	five months	\$980.00	\$1,960.00
		Fee	\$110.00

- ☒ If any extension fee is required, please consider this a petition therefor.

3. **Method of Payment of fee:**

- ☐ Check in the amount of \$_____ is enclosed to cover the above fee(s).
- ☒ Charge Bingham McCutchen's Deposit Account No. **50-2518** in the amount of \$110.00.
- ☒ The Commissioner is authorized to charge Bingham McCutchen's Deposit Account No. **50-2518** for any fees required and to credit any overpayments to said Deposit Account No. **50-2518**, Docket No. PC10247C (2024730-7012833001).

DATE: January 30, 2004

Respectfully submitted,

BINGHAM MCCUTCHEN LLP

By: _____

Michael J. Bolan,
Registration No.: 42,339

Bingham McCutchen LLP
Three Embarcadero Center, Suite 1800
San Francisco, California 94111